

Healthy Child Care



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ORAL HEALTH IN THE CHILD CARE SETTING

According to the 2000 United States Surgeon General's Report, dental cavities are the single most common chronic childhood disease. More than 50 percent of 5-to-9-year old children have at least one cavity or filling, and that is *better* than a generation ago!

Despite this alarming report, cavities are preventable. There are steps that can be taken by parents and caregivers to assist in preventing oral disease. Understanding the cause of oral disease can assist you in providing the care needed to help children learn the importance of good oral care. Being prepared for accidents can lessen the damage caused to current and future teeth.

The microscopic bacteria that cause cavities are found in plaque. This is a sticky substance that sticks to teeth and uses sugar as food to produce acid. This acid attacks the tooth surface and removes minerals which then make the teeth susceptible to cavities- a nonreversible oral disease. Plaque must be

removed daily to prevent cavities from forming.

The American Association of Pediatric Dentists recommends the following oral care schedule for infants and toddlers:



Birth to 6 months

✓ Clean mouth with gauze after feedings and at bedtime.

✓ Ask your pediatrician or dentist about fluoride supplements.

✓ Regulate feeding habits.

6 to 12 months

✓ The first tooth should appear; time to see the dentist for an exam.

✓ Begin to brush teeth after each feeding and at bedtime with small, soft-bristled brush.

✓ Baby begins to walk; be alert to dental injuries.

✓ Wean infant from the breast or bottle by his or her first birthday.

12 to 24 months

✓ Follow schedule of exams and cleanings recommended by the dentist.

✓ Start using pea-sized portions of fluoridated toothpaste when child is able to rinse. (Continued on page 4)

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Quality Improvement Evaluations for Sanitation

Since the fall of 1997, the Bureau of Child Care (BCC) has contracted with county and city health departments to conduct the annual sanitation inspections mandated by Chapter 210 RSMo. In order to determine if inspections were completed according to contract requirements, BCC staff conducted quality improvement evaluations by doing inspections with contractors.

In January 2003, staff from the BCC will begin making some of the quality improvement evaluations without the contractor. The evaluations will include an interview with the child care provider. The evaluations are not additional inspections of the provider or facility, and there will be no additional requirements imposed unless a life threatening issue is found. The evaluations will be done on a random basis within 30 days of a sanitation approval. If you have any questions regarding the quality improvement evaluations, please feel free to contact Dave Bordner at 573-751-2450.

Your Suggestions, Please!

The Bureau of Child Care welcomes your thoughts and suggestions on the Healthy Child Care newsletter.

As you may be aware, the state is experiencing difficult financial times. The Bureau of Child Care wants to ensure that we are delivering a quality product that is cost effective.

On page 11 of this issue is a survey asking for feedback about this newsletter. We would like to know if this publication is helpful, and if so, what articles you find the most useful. Do you have ideas for articles you would like to see in future newsletters? How can we improve this publication?

Thank you in advance for your time in providing your suggestions and comments.



Partial support for this newsletter is provided by :



This publication provides topical information regarding young children who are cared for in child care settings. We encourage child care providers to make this publication available to parents of children in care or to provide them with the web address so they may print their own copy.

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Consumer Product Safety Commission

The U. S. Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products. You can reach the CPSC through:

- ◆ The CPSC toll-free Hotline at (800) 638-2772 or (800) 638-8270 for the hearing and speech impaired.
- ◆ The CPSC web site address at <http://www.cpsc.gov>

How to Obtain Recall Information

The U.S. CPSC issues approximately 300 product recalls each year, including



many products found in child care settings.

Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be loaned or given to a charity, relatives, or neighbors, or sold at garage sales or secondhand stores. You can help by not accepting, buying, lending, or selling recalled consumer products. You can contact the CPSC to find out whether

products have been recalled, and, if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC for product information.

To receive CPSC's current recall information automatically by e-mail or fax or in a quarterly compilation of recalls sent by regular mail, call CPSC's hotline and after the greeting, enter 140, then follow the instructions given.

Each issue of this newsletter will highlight a recalled product or a safety issue; however, it would be wise to check with the CPSC on a regular basis for more comprehensive information.

CPSC Urges Seasonal Heating Systems Inspections to Prevent CO Deaths

As the weather turns colder throughout much of the country, the CPSC urges consumers to have a professional inspection of all fuel-burning heating systems - including furnaces, boilers, fireplaces, water heaters and space heaters - to detect potentially deadly carbon monoxide (CO) leaks. Under certain conditions, all appliances that burn fuels can leak deadly CO. These fuels include kerosene, oil, coal, both natural and liquefied petroleum gas, and wood.

CO is a colorless, odorless gas that can be produced by burning any fuel. The initial symptoms of CO poisoning are similar to flu and include headache, fatigue, shortness of breath, nausea and dizziness. Exposure to high levels of CO can cause death.

CPSC recommends that the yearly professional inspection include checking chimneys, flues and vents for leakage and blockage by debris. Birds, other animals and insects sometimes nest in vents and block exhaust gases, causing the gases to enter the home. In addition, all vents to furnaces, water heaters, boilers and other fuel-burning heating appliances should be checked to make sure they are not loose or disconnected.

Also, have your appliances inspected for gas leaks and adequate ventilation. A supply of fresh air is important to help carry pollutants up the chimney, stovepipe or flue and is necessary for the complete combustion of any fuel. Never block ventilation air openings. Also, make sure the appliance is operating on the fuel that it is designed to use. To convert an appliance to burn propane, it must be modified by a professional.

(continued from page 1)

✓ Most primary (baby) teeth have erupted.

✓ Preschoolers should be supervised and assisted when brushing. Older children should be encouraged to floss about the age of eight.

There are several things that you can do to promote children's good oral health:

✓ Set a good example by keeping your teeth brushed and flossed and your teeth in good repair.

✓ Set aside brushing time for children.

✓ Serve snacks that are low in sugar and carbohydrates.

✓ Talk positively about dental visits; never scare children about the "pain" they may experience.

Accidents do occur, and your emergency kit should include some basic items that can be used to handle them. These items include:

- ✓ cotton;
- ✓ cotton swabs;
- ✓ dental floss;
- ✓ ice pack or wet frozen washcloth;
- ✓ soft wax;
- ✓ sterile gauze pads;
- ✓ 2"X 2" sterile gauze squares;
- ✓ toothbrushes; and
- ✓ tweezers.

Of course, parents should be notified when accidents happen, and a dentist should be consulted to ensure that the injured site would not interfere with eating and the growth of permanent teeth.

February is National Children's Dental Health Month. Celebrate by:

✓ Having a dental professional come to speak to the children.

✓ Using a display of a large mouth and toothbrush to show them how to brush.

✓ Drawing pictures of teeth, the dentist, and healthy food for teeth.

✓ Showing a healthy tooth video that can be borrowed from the Missouri Department of Health and Senior Services.

Get in the spirit of preventing dental disease and help to create lifelong habits that can reduce physical, emotional, and social problems caused by poor oral health.



Kathy King
Oral Health Program
Southwest District Health Office
Springfield, Mo.



CACFP Training Schedule

Orientation training for the Child and Adult Care Food Program for child care centers* is held in the five district offices located throughout the state on the following dates:

January 9, 2003

February 6

March 14

April 3

*Shelter and After-school training held separately.

Call 800-733-6251 to register for a training session in your area. Addresses and directions will be provided in the confirmation letter.

A Child Care Provider's Guide to Radon



WHAT IS RADON?

Radon is a naturally occurring radioactive gas produced by the breakdown of uranium in soil, rock and water. You cannot see or smell radon but it could be a problem in your child care facility. The Environmental Protection Agency (EPA) estimates that radon causes 14,000 lung cancer deaths per year.

Air pressure inside a home or building is usually lower than pressure in the soil around a building or home's foundation. Because of this difference in pressure, the house or building acts like a vacuum, drawing radon in through foundation cracks and other openings. It moves up through the ground into the air above and into the house or building through cracks and other holes in the foundation. Radon is trapped inside, where it can build up.

Any building may have a radon problem. This means new and old homes, well-sealed and drafty homes, and homes with or without basements. Sometimes radon enters a building

through well water, but radon from soil is the main concern.

SHOULD I TEST FOR RADON?

The risk of developing lung cancer depends on the level of radon in your facility or home. You cannot predict radon levels based on state, local and neighborhood radon measurements. Homes which are next to each other can have different indoor radon levels.

The Surgeon General, the EPA and the Missouri Department of Health and Senior Services (DHSS) recommend that all homes be tested for radon. Radon is easy and inexpensive to detect, and high levels of radon can be fixed. Since radon is invisible and odorless, it takes a special detection kit to find any potential problems. There are many kinds of low cost "do-it-yourself" radon test kits you can get through the mail and in hardware stores and other retail outlets. If you prefer, you can hire a trained contractor to do the testing for you.

There are two kinds of tests: a short-term test and a long-term test. The EPA recommends doing the short-term test first. If it shows a high level, (4 picoCuries or higher) conduct a follow-up

test. A long-term follow-up test is preferred unless you need quick results and then a short-term follow-up test will do. When you buy your kit, make sure it is from a company that successfully completed the EPA Radon Measurement Proficiency Program. Most companies indicate this on the test kit box.

CAN I GET RID OF RADON?

A variety of methods are used to reduce radon. In some cases, sealing cracks in floors and walls may help. In other cases, simple systems using pipes and fans maybe used to reduce radon. The average house costs about \$1,200 for a contractor to fix, but the range can be from about \$500 to about \$2,500.

Select a qualified radon-reduction contractor who will conform to the requirements of EPA's Mitigation Standards.

If you have any questions or need more information, you can call the National Radon Information Line at 1-800-767-7236 or Charles Hooper of the Missouri Department of Health and Senior Services at 573-751-6434.

Dealing With Picky Eaters:



Children at your child care facility may not get exposure to a wide variety of fruits and vegetables at home. This makes your role as a child care provider even more important. You are influencing the children in your care by providing them with delicious, nutritious foods that they will incorporate into their diets into adulthood.

A variety of foods are important to discourage obesity and chronic disease. Children may be reluctant to try new fruits and vegetables. Here are some tips on how you can introduce a wider variety of nutritious foods to children.

Don't Pressure Them

It will turn into a battle and make mealtime unpleasant. Meal-time should be a pleasant time to enjoy being with the children.

Try a "no-thank-you" Bite

Have the children at least try the new food. If they don't like it, they can spit it in a napkin and say "No, thank you". At least they tried it. Respect their dislikes.

Have Set Mealtimes

Make sure they are hungry

before coming to the table. Don't let them snack or drink a lot of juice before mealtime.

Offer New Items Often

Research shows that children are not likely to try a new food until being exposed to it at least 10 times! Make sure to show your enthusiasm for that food and let them see you eat it often.

Offer a Wide Selection

The more you have on the table, the more a child is likely to eat.

Vary Veggies

If your children don't like cooked carrots, serve them raw or find another way they will like them. For example, let them break open fresh pea pods to eat raw rather than cooked peas.

Dip It

Kids love to dip. Try ketchup for potatoes, peanut butter for apples and celery, and dressing for carrot sticks, cauliflower, and broccoli.

Cheat!

Hide or mix fruits/veggies in other foods. For example:

✓ Shred green peppers, onions, carrots into meatloaf.

✓ Add cooked broccoli to their macaroni.

✓ Carrots, squash, peppers, and onions can be shredded into spaghetti sauce.

✓ Spinach tastes great in pizza or lasagna.

✓ Add pureed fruit and veggies to muffins.

Doctor It Up

Add cheese sauce, mix applesauce with sweet potatoes, mix pears with yogurt (good source of protein), make fruit/veggie juice combinations.

Prepare Smaller Portions

A whole banana or apple can seem overwhelming to a little one. Cut it into pieces and save leftovers for later. Remember, they don't need as much food as you do.

Get Them Involved

Let the kids help prepare certain items in their meals or snacks, if they are old enough. There are plenty of "important" jobs they can do under your supervision. Several cookbooks are made with kids in mind. Example: cut up bananas with a butter knife to stir into banana pudding.

Set a Good Example

Children learn by example and have a tendency to mimic others. If they see you eat right, they will follow your example.

Watch What You Say

Don't make comments that could cause children to feel self-conscious about eating, such as, "Pie? Oh, I couldn't—it will make me fat."

Getting in Those Fruits and Veggies

Incorporate Food Preparation Into the Child Care Curriculum

Make eating fun. Try these ideas:

✓ Cut up star fruit, mangos, pineapple, kiwi and other tropical fruits.

✓ Let the children see the fruit in whole form ("fuzzy" kiwi, "spiky" pineapple, and star-shaped fruit will make them curious).

✓ Let them touch, taste, feel, smell and see the fruits.

✓ Cut up fruits and place them on a fruit pizza!! (Crust: made of cooked sugar cookie dough; "sauce": cream cheese and 2 TBS milk).

Another idea is to design fruit or veggie people. Here are some thoughts to help get you started:

Eyes & Nose: use peas, corn, carrot rounds, olives, beans, cereal, nuts, seeds, raisins, or kiwi.

Hair: use broccoli, cauliflower, grapes, dill or parsley, or noodles.

Legs: Try thin celery, carrot sticks, or pretzel sticks.

Mouth: use citrus wedges or bananas.

Glue: try using peanut butter, mayonnaise, cream cheese, jelly, yogurt, catsup, mustard, pizza sauce, or honey.

Resources:

Ellyn Satter. *How To Get Your Child To Eat...But Not Too Much*. Bull Publishing Company, 1987.
www.beansprout.net (professional resource)
<http://family.go.com> (Disney)
www.ivillage.com (a "web magazine")
www.my.webmd.com (medical information)
www.parentspace.com (resource for parents)



I am a Toddler, Hear Me Roar

If it is off, I must turn it on.
If it is folded, I must unfold it.
If it is high, it must be reached.
If it is shelved, it must be unshelved.
If it has leaves, they must be picked.
If it is plugged, it must be unplugged.
If it is closed, it must be opened.
If it does not open, it must be screamed at.
If it is pointed, it must be run with at top speed.
If it has drawers, they must be rifled.
If it is full, it will be more interesting emptied.
If it is a stroller, I must under no circumstances ride in it without protest. I must push it instead.
If Mommy's hands are full, I must be carried.
If Mommy is in a hurry and wants to carry me, I must walk.
If it is paper, it must be torn.
If it has buttons, they must be pressed.
If the volume is low, it must go high.
If it is toilet paper, it must be unrolled.
If it is a drawer, it must be pulled upon.
If it has a faucet, it must be turned on at full force.
If it is a phone, I must talk to it.
If it is a bug, it must be swallowed.
If it is food, it must be dropped on the floor.
If it is not food, it must be tasted.
If it is a car seat, it must be protested with arched back.
If it's a Mommy, it must be hugged.

Author Unknown

Building Diversity into Your Program



Researchers have known for a long time that a young child's social interactions can affect her relationships with others later on. We want the children in our lives to feel good about themselves and to be able to interact well with others. Providing an environment that embraces diversity will help to support the needs of all the children in our care. It will also provide valuable opportunities to learn about and interact with a variety of people.

Incorporating diversity into a child care program is a way to recognize and respect the similarities and differences among the families who enroll in our programs. Many types of diversity exist among our staff and the families and children we serve. For example, we might have different racial or ethnic backgrounds, have different religious beliefs, or be able to speak different languages. Some of our families might include single parents or grandparents who are raising their grandchildren. In addition, some of our families might include someone who has a disability, and some of our families are less affluent than others. These

differences can make it challenging to address the needs of each child in our care, yet recognizing our differences provides an opportunity to enrich each of our lives.

There are many ways that learning about diversity can be incorporated in the child care setting. The following list offers some tips for child care providers to consider:

- √ Realize that learning about how we're all similar and different from one another gives us all more chances to understand and celebrate with one another.
- √ Focus on how to get along with the people around us. It is important for all children to learn about issues such as kindness, curiosity, equality, and respect.
- √ Teach children what to do if someone is being unkind or insensitive – whether it is to them or to someone else.
- √ Make sure your classroom portrays many types of people and cultures. Dolls, action figures, decorations, pictures, books, puzzles, games, music, etc. should show a variety of skin tones, family types, physical abilities, etc.
- √ Invite children and families involved in your program to share items, stories, foods, pictures, etc.,

that are special to them or that help to describe who they are.

- √ Provide opportunities to learn about a variety of cultures and diversity issues throughout the year. Although holidays and celebrations provide a nice opportunity to learn about different people, diversity is all around us, every day – not just once a year.

We all share both similarities and differences from one another. Our lives are much richer when we appreciate the diversity around us, because this helps us to be open to new ideas and ways of looking at things.

Appreciating diversity also helps us to value the contributions that each person makes to our lives and to society as a whole.

Suggestions for further reading:

Hopson, D. P., Hopson, D. S., and Clavin, T. (1993). *Raising the Rainbow Generation: Teaching Your Children to be Successful in a Multicultural Society*. New York, NY: Simon & Schuster.

York, S. (1991). *Roots & Wings: Affirming Culture in Early Childhood Programs*. St. Paul, MN: Redleaf Press.

Submitted by Kimberly Downs
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Learning the Appropriate Use of Antibiotics



Lifesaving antibiotics are losing their power to fight disease-causing bacteria. Overuse and misuse of antibiotics are ruining these vital medicines. The Centers for Disease Control and Prevention (CDC) estimates that as many as 50% of antibiotic prescriptions are unnecessary. According to CDC figures from 1998, more than 20 million people received antibiotics for illnesses such as colds, sore throats and sinusitis that are usually caused by viruses. Antibiotics kill bacteria, not viruses.

When antibiotics are taken inappropriately, bacteria are exposed to our best weapon. With every new exposure, bacteria have a chance to change and develop defenses against antibiotics. Eventually, bacteria become “resistant.” Once bacteria become resistant to a particular antibiotic, the antibiotic is powerless to kill them.

Some people think their own immune system develops a kind of resistance. That is not true. It is actually bacteria that become resistant to antibiotics. That means if one person has an infection caused by resistant germs, the infection can spread to other people.

As more people misuse antibiotics, the germs continue to get stronger. Group A Streptococcus is a bacteria that causes strep throat. For many years, antibiotics easily defeated Group A Strep. Just this year, researchers discovered erythromycin-resistant infections in 46 Pittsburgh schoolchildren.

The threat that we will run out of effective antibiotics is real, but we are not helpless against it yet. We can prevent resistance by using antibiotics appropriately.

The first rule for using antibiotics correctly is—do not waste them against viral illnesses like colds or the flu. Antibiotics do not kill viruses. Antibiotics only kill bacteria. It takes an examination by a health care professional to determine if an illness is caused by a bacteria or a virus.



Here are some other antibiotic “do’s” and “don’ts”

✓ Let health care professionals decide if an antibiotic is needed. If an antibiotic is taken when it isn’t needed, it can create a resistant infection that can spread to more people.

✓ If an antibiotic must be administered, make sure all the antibiotic is taken as directed by a physician. Sometimes people stop taking an antibiotic when they start to feel better. If people stop taking their doses, they only kill part of the germs, and the remaining bacteria are more likely to grow resistant.

✓ Never use leftover antibiotics and do not share antibiotics.

✓ Hand washing can stop germs from spreading in the first place. Maintain good hand washing and sanitation practices.

By using antibiotics appropriately and following good prevention practices, we can fight against antibiotic resistance.

If you would like more information, please contact Mark Buxton, Antibiotic Resistance Education Coordinator, by e-mail at buxtom@dhss.state.mo.us.

Tips to Prevent Childhood Obesity



The number of overweight children in the United States has increased dramatically in recent years. Almost 8 percent of 4- and 5-year old children are overweight, nearly double that of 20 years ago. For most children, being overweight is the result of unhealthy eating patterns (too many calories) and too little physical activity. Since these habits are established in early childhood, efforts to prevent obesity should begin early.

Provide Healthy Eating Experiences

- ✓ Provide healthy meals and snacks that meet the requirements of USDA's Child and Adult Care Food Program (CACFP). Plan meals based on the Food Guide Pyramid and the Dietary Guidelines for Americans for children 2 years and older. Provide plenty of vegetables, fruits, and whole grains.
- ✓ Limit high sugar and fat foods without being overly restrictive. Fat should not be

restricted in the diets of children younger than 2 years of age.

- ✓ Make mealtimes a pleasant and sociable experience. Provide opportunities to help children learn appropriate mealtime behavior and communication skills. Allow children to decide how much to eat. Encourage children to eat slowly. Do not use food as punishment or reward.

Promote Physical Activity

Caregivers can provide daily outdoor play and provide toys and equipment that encourage physical activity. Healthy eating is just part of the solution. Children need to be physically active, too! Children need at least 60 minutes of physical activity daily. Keep it fun and safe by providing age-appropriate equipment and activities.

Teach Healthy Eating Habits

- ✓ Provide daily nutrition activities, lessons, and learning experiences to promote positive attitudes about good nutrition and health.
- ✓ Help families understand and practice healthy eating habits. Provide parents with information on children's nutrition needs so they can

encourage young children to develop healthy eating habits.

- ✓ Provide child care staff with appropriate nutrition and foodservice training. Staff should know the basic principles of child nutrition, healthy food preparation techniques, and strategies for creating a positive environment.
- ✓ Be a role model. Set a good example for children to follow by demonstrating healthy eating behaviors and an active lifestyle. Be mindful of modeling appropriate behaviors, such as enjoying a variety of foods, being willing to taste new foods, and enjoying physical activity.

Promote a Healthy Body Image

- ✓ Be supportive. Help children to accept and feel good about themselves by supporting, accepting and encouraging them, regardless of their body size or shape.
- ✓ Provide opportunities for children to master skills using their bodies. Build self-esteem by praising each child's strengths.

Article provided by:
Janice Phelan, Department of
Health and Senior Services
573-751-6257

Healthy Child Care Newsletter Feedback

Please provide us with your feedback so we can continue to improve our communication with the child care and early education community. Send your completed response to **Missouri Department of Health and Senior Services, Bureau of Child Care, P.O. Box 570, Jefferson City, MO 65102-0570, or fax to 573-526-5345** by February 28, 2003. Thank you in advance for your time and your suggestions.

Is the length of the newsletter (12 pages)

_____ Too long?

_____ Too short?

_____ Just right?

Is the quarterly mailing

_____ Too often?

_____ Not often enough?

_____ Just right?

How do you use the newsletter?

(check all that apply)

_____ Read it myself

_____ Share it with other staff

_____ Keep issues for future reference

_____ Share it with parents of children

_____ Post it (on a bulletin board, etc.)

_____ Don't read it

_____ Other, please describe _____

Which feature articles are most useful-check all that apply

_____ Licensing updates

_____ Health and safety consultation

_____ Recipes and nutrition information

_____ Developmentally appropriate activities for children

If the Healthy Child Care newsletter was only available on-line on the Bureau of Child Care website, would you be able to access it? ____ Yes ____ No

List three topics you would like to see covered in future issues of Healthy Child Care

1) _____

2) _____

3) _____

Please feel free to provide us with any additional information that would be helpful to Bureau of Child Care staff when putting together future issues of the newsletter. Thank you for your assistance with this survey.

ACIP Encourages Flu Vaccine for Infants

The Advisory Committee on Immunization Practices (ACIP) encourages parents to get the flu shot for all children 6-23 months of age. The Centers for Disease Control and Prevention (CDC) reports that the hospitalization rates for influenza and its complications for children under one year of age are comparable to that for persons over 65, the group traditionally perceived to be at greatest risk. In Missouri, children under age one have the highest rate of inpatient hospitalization for influenza compared to every other age group.

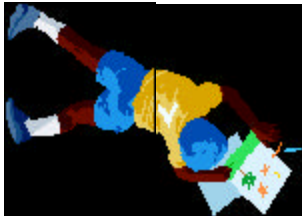
On September 27, 2002, the CDC published new recommendations for young children, which will go into effect March 1, 2003. At that time, the federal entitlement Vaccines for Children (VFC) program will fund flu vaccine for all VFC-eligible children 6-23 months of age, as well as other VFC-eligible children through 18 years of age who are their household contacts.

Children less than nine years old who are getting the flu vaccine for the first time should get two shots, one month apart.

For this year, the ACIP still recommends that children with chronic diseases, a suppressed immune system, diabetes, asthma, and those who are receiving long-term aspirin therapy should get the flu shot. Children in the households of people at high risk should also get the vaccine.

The ACIP is the federal body that recommends which immunizations should be given, to what groups they should be given, and how and on what schedule they should be administered.

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services, Bureau of Child Care, P.O. Box 570, Jefferson City, MO., 65102, 573-751-2450. EEO/AAP services provided on a nondiscriminatory basis.



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